

2003-2004

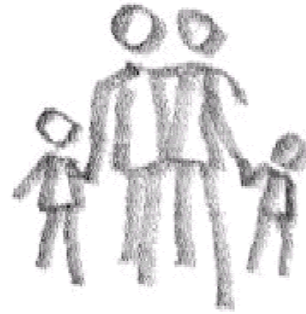
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Office of
Family Planning

Office of Family Planning

Addendum to Request For Application

**Information and Education
Program
2003-2004**

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

July 11, 2003

TO: PROSPECTIVE APPLICANTS

SUBJECT: ADDENDUM TO THE INFORMATION AND EDUCATION (I&E)
REQUEST FOR APPLICATION (RFA) OFFICIAL WRITTEN SUMMARY
OF THE APLICANT CONFERENCE

Enclosed is the official written responses to questions asked at the Applicants' Conference for Information and Education (I&E) Request for Application (RFA) held on July 2, 2003. This summary is being sent to each individual requesting the original RFA and to all individual in attendance at the Applicants' Conference.

Also, enclosed the **REVISED PAGES** to the RFA:

1. Pages 13, 14, and 15
Correction: Zip Code 94234-7320
Correction: fax number (916) 650-0455
2. Page 14: Application Submission, Second paragraph
Correction: The original and all four copies must be received by OFP on or before 5:00 pm on August 11, 2003. Applications with a postmarked before, on or after August 11, 2003, but not received by 5 p.m. August 11th will be returned unopened.
3. Page 45: First Grant Period Second Paragraph
Correction: "35 percent of the FY 2003-04 project budget contingent upon receipt and approval of the **first** progress report.
4. Page 78: Appendix VII
Correction: Budget Year 1 (November 1, 2003-June 30, 2004)



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(916) 654-0357

Internet Address: www.dhs.ca.gov

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5. Page 82: Appendix X-Curriculum Guidelines, second paragraph
Correction: The primary resource(s) should be referenced on the pages (s) or credits shown on the document or product for the project participants.
6. Page 154 and 155: Attachment VII(a):
Correction: November 1, 2003 – June 30, 2004
7. Page 156 and 157: Attachment VII(b)
Correction: November 1, 2003 – June 30, 2004
8. Page 164 Attachment XII
Correction: Fiscal Year 2004/2005
9. Part Five: References.

If you have questions regarding the enclosed information please contact: Martha Torres-Montoya, Chief, Health Education Section, (916) 650-0451.

Anna Ramírez, M.P.H., Chief
California Office of Family Planning

Enclosures

PART ONE:

QUESTIONS AND ANSWERS

**Information and Education Request For Application (RFA)
Questions and Answers
Applicant's Meeting
June 2, 2003**

Administrative

1. What is the difference between a contract and a grant?

A contract is a formal document that has to be approved by Department of General Services (DGS). A grant agreement is a statutorily based formal agreement between the DHS and a successful applicant agency awarded funds for the implementation of a teen pregnancy project. A grant agreement is similar to a state contract that it delineates how the grant funds are to be spent; the services to be provided by the applicant, the budget, the evaluation process and the payment provisions. Grant agreements are exempt from review and approval from the Department of General Services.

2. Are the \$2.8 million available funds inclusive of state budget reductions and could this amount increase if/when a state budget is passed?

There is a \$1.4 million appropriation in the General Fund for FY 2003-04. By linking I&E with Family PACT, we can provide \$2.8 million through a 50% Federal Financial Participation (FFP) match (Federal Title XIX funds). In order to match the \$1.4 million general fund dollars with FFP, active participation with a Family PACT provider is mandatory. There is a possibility that these funds may increase in future years.

3. Can the I&E funds be used to enhance the cohesiveness of the alliance (team building retreat or strategic planning)?

No.

4. The RFP indicates the funding is for 12 months with and additional 24 months for a total of 36 months. The start date is November 2003 with operation through June 30, 06 that's 2 years and 7 months please clarify?

The RFA is incorrect. The start date is for I&E Projects is November 1, 2003 with operation through June 30, 2006. This is an eight month project period.

5. The 35% of grant paid on 1/31/04 will be after the first progress report not the second? Because the grant will not be awarded until Nov 1, 03.

That is correct. The first progress report is due on January 31, 2004, The second grant payment, 35% of the grant will be paid upon the approval of the first progress report.

6. Are the \$2.8 million of funding totally committed to this project or are their possible risks of a state budget freeze in 03-04?

At this time, \$2.8 million is committed to the I&E Program.

7. Is the first grant period 8 months?

Yes.

8. For the first year of funding should we submit a 12-month budget or an 8-month budget as contacts won't start till Nov 03?

Project should submit an eight-month budget. For the first fiscal year, an applicant will receive full 12 month funding amount for eight month project period, November 1, 2003 – June 30, 2003.

9. Will there be a required match and if so what is that %?

No, there is no required match for the I&E Grants.

10. Program funding restrictions – I&E program funds may not be used to supplant existing program funds. Can funds be used to expand existing program services?

Yes.

11. What is the relationship between this RFA and the Teen SMART? Do the two grants intersect? If so how?

The relationship is the linkage to Family PACT clinical services. Any agency meeting the eligibility requirements described in the RFA can apply for I&E funding.

Application Process

12. For the current providers, does OFP have grading for each provider?

OFP will use the criteria outlined in Stage Two Past Performance of the application review process to assess current OFP contractors. This review is pass/fail. If you have questions regarding your performance call your OFP Program Consultant.

13. If an applicant submits an RFA for a community where a CCG already exist, will that have an adverse effect on the application?

No.

14. Is there any stipulation regarding application for future TPP funding, should one apply for this grant as was stated earlier at the evaluation meeting?

If you apply and receive funding with this I&E grant, you may also apply for future TPP funding. You will have to demonstrate in the future TPP RFA how you would incorporate the I&E project in the new TPP Program. This will mean that an agency will provide more information and expected to have more requirements.

15. If you are a Family PACT provider, do you need a letter from your agency's CEO indicating this?

No. You will need to document this information in your application. If you are a Family PACT provider, we can verify information provided in the application in our office.

16. Are agencies with MIP or TSO grants eligible for I&E funds in the same fiscal year?

Yes. This is an open and competitive bidding process. Everyone is eligible to apply.

17. a) May existing MIP's apply for the I&E RFA? b) If so, may they also apply for refunding when the new TPP RFA is released later this year?

a) Yes.

b) Yes.

18. Do you discern between "letters of commitment" and "letters of support"? Are letter of support sufficient?

Yes, Guidelines for Letter of Commitment are included in the RFA (see attachment XI pg. 86 and pages 36-40 of the RFA) Letter(s) Commitment is required from agencies you'll be working with and in turn may be providing a service. The RFA does not require Letters of Support. However, OFP strongly recommends that applicants submit letters of support from collaborators involved in the planning the proposed project or who support proposed efforts in the community.

19. a) We have two different agency locations, in different counties; can we both apply to be lead contractors? b) Will it hinder our chances if we both apply as leads?

a) Yes you both can apply by region.

b) No, it will not hinder opportunities for funding

20. a) Can we apply for a bi-county proposal? b) Would it strengthen our chances to only apply for one county? What if only one of the two counties is a hot spot?

a) Yes you can apply for a bi-county proposal.

b) Not every application has to address a hot spot, but you must demonstrate teen birth rate in the area is a problem. An applicant must be clear in the statement of need why the project should be funded in the specific area.

21. Can we fill out the required RFA forms online, as well as download?

OFP will make “fill-in” forms available on the OFP website by June 11, 2003.

a) For FPACT providers applying for I&E money, will writing letters of support for other agencies applying for funds impact our chances of receiving funding? b) Do we need to submit a letter of commitment if our agency is a FPACT provider?

a) No.

b) No, however, if program operates under different sections within the organization, you would need to demonstrate how you would be working together.

22. Can you clarify the paragraph in the RFA on page 12 that explains limitations on lead agencies in this round of funding also being a lead agency in future funding rounds?

You will have to demonstrate in future TPP RFAs how you would incorporate the I&E project in the new TPP Program. This will mean that agencies will provide more information and expected to have more requirements.

23. a) Will the forms online currently in PDF format also be released or available in Microsoft Word format? b) Would it be a good idea to use a graph of the logic model in the project description section?

a) Yes.

b) Yes.

24. a) Can our agency apply for I&E funds if we already receive CCG monies?
b) Can our middle school teen pregnancy prevention program apply for I&E funds if our high school prevention program receives CCG monies?
c) Are we a “new applicant” if we have applied for and received CCG funding?

a) Yes.

b) Yes.

c) You are considered a current applicant.

25. The school agreement form lists a 1 year date, July 1, 03 to June 30, 04, but the agreements will not take effect until Nov 1st. Can we change the school agreement form and should we date them for 3 years rather than just one year?

Yes, we will correct the form to read November 1, 2003. These school agreement forms need to be renewed every year.

26. If you currently receive OFP funding for another program, are you a new or current contractor?

You are a current contractor.

27. How will this I&E funding influence how much we will be able to apply for the proposed TPPP RFA next year?

A currently funded OFP project can apply for I&E Grants. OFP will require additional information to be incorporated in the future TPP RFA. Furthermore, there will be more additional requirements expected.

28. When submitting a modified curriculum with our application, does it need to be submitted in whole? Is it an attachment? Are we also supposed to submit 4 copies of the modified curriculum?

No. Do not submit the curriculum with the application.

29. a) What are the curriculum requirements for I&E? b) Will we be informed of adequate/inadequate stage progression? Number of letters of commitment needed or required? d) Since foster care/groups are not necessarily a requirement for I&E can we use Power through Choices for other audiences? Due to time of RFA how do we obtain necessary letters of commitment from schools?

a) Curriculum guidelines are outlined in the RFA (appendix 82-85) .
 b) OFP will notify agencies if the review of the application does not pass any stages of the review.
 c) Yes, you can use Power through Choices for other audiences.
 d) School agreement forms are necessary part of the application.
OFP has the discretion of verifying claims made on the application. An applicant can use copies of previously signed school agreement forms from the last Teen Pregnancy Prevention RFA. We can verify forms previously submitted . If applicant is successful in receiving the award, OFP will request updated forms from the school district.

30. What do you suggest be done about getting school agreement forms from sites that are not currently operating? Sometimes the administrative personnel during school is different from the regular school and don't have the authority to sign.

OFP encourages the use of the new forms. An applicant can use copies of previously signed school agreement forms from the last Teen Pregnancy Prevention RFA. We can verify forms previously submitted . If applicant is successful in receiving the award, OFP will request updated forms from the school district.

31. Since it is summer and people are on vacation is it ok to use a letter of support from last years RFA? If you can get verbal approval from that school.

OFP encourages the use of the new forms. An applicant can use copies of previously signed school agreement forms from the last Teen Pregnancy Prevention RFA. We can verify forms previously submitted . If applicant is a successful in receiving the award, OFP will request updated forms from the school district.

32. Fiscal year is 7 months should budget be for 7 months, 7/12's of a full budget or should it be for 12 months? Should SOW be for 7 months?

The applicant will receive the full award 12 month amount for the first fiscal year, which is eight months long. Scope of Work and Budget should be submitted to cover November 1, 2003 to June 30, 2004.

33. You indicate that originals must be signed in blue ink. We were told a few weeks ago that we could use the letter of commitment and school forms we submitted with the last RFA. However, you are in possession of our originals signed in blue ink what do we do?

OFP encourages the use of the new forms. An applicant can use copies of previously signed school agreement forms from the last Teen Pregnancy. Prevention RFA. We can verify forms previously submitted . If an applicant is a successful in receiving the award, OFP will request updated forms from the school district. We will need the I&E Application Cover Sheet signed in blue ink.

34. Is a letter of commitment mandatory form a local AFLP if that agency is a competitive FQHC and FPACT provider with the lead agency who is submitting the application? We are already a FPACT provider and FQHC look-a-like serving the same areas as AFLP.

Your agency would need to provide evidence that you are working collaboratively with an AFLP agency if one exists in your community.

35. We currently conduct a comprehensive sex education curriculum under our CCG contract. However, we thought it might be more appropriate to have this under I&E. Should we apply to conduct comprehensive sex education curriculum under I&E, although we are already doing this under CCG this year?

You can provide comprehensive sex education under this RFA; however, applicants cannot use funds to supplant any existing program funding.

36. Can a current CCG lead agency apply as the lead agency for this RFA and apply as lead agency for CCG/TPP upcoming next year?

Yes.

37. Will you be sending a list out of agencies that submitted a letter of intent?

A list of agencies who submitted Letters of Intent will be posted on the OFP website.

38. Will next year's Tier III RFA be open and competitive?

Yes.

39. Would it be acceptable to include MOUs from last year's TPP proposals. Many of the school districts personnel that we partner with us are out of the office at this time.

Previous school agreement forms from last TPP proposals are acceptable. You can include MOU's if you would like, however, we require school districts to provide a new school agreement form each year of the grant.

40. Can current CCG contractors apply for funding to provide similar services at different location and different target population?

Yes.

41. Do current CCG contractors still need to submit Attachment X?

No.

42. Are duty statements and resumes required for subcontracting staff?

If you are subcontracting with a consultant, it would be highly recommended to submit resumes. For agency subcontracting with another agency, it is not necessary for this application, however, upon award, subcontracting agencies may be requested to provide duty statements and/or resumes of involved staff.

43. Under applicant capability do we need to cover our subcontractor's history, capability resources, involvement with unintended pregnancy issues, and OFP history or should we provide that information in the Community Collaboration section.

You may want to include some of the information in the Applicant Capability section. It would be necessary in the Community Collaboration section.

44. Who makes up the evaluation team on the stage 3 Review Process?

State employees working in public health or health related areas will be reviewers. This can include State personnel from Cal Learn (DSS), Cal Safe (DOE), DHS including MCH, OA, etc..

45. Where can I obtain a copy of the RFA and Resource Guide?

Please use the OFP website www.dhs.ca.gov/ofp to obtain a copy or submit by fax a copy of the RFA Request Form.

46. On page 83 # IV2 the last sentence was cut off regarding what the primary sources of materials should be. Please provide this information.

We will correct this. The last sentence should read: The primary resource(s) should be referenced on the page(s) or credits shown on the document or product for the project participants.

Budget

47. Is there a preference for employing staff to conduct project activities rather than utilizing subcontractors with organizations that specialize in specific activities?

No, its up to the applicant to organize and develop the proposed projects.

48. Do you allow for stipends to be paid to youth who participate in the program? For example, peer educators, panel presenters cross-age mentors.

Stipends are allowable.

49. Will projects be able to budget youth peer positions that are less than 50% FTE? Also what does it mean to “justify” funding a new or existing positions at less than 50% FTE?

Yes you can budget peer positions that are less than 50%. OFP does not recommend funding personnel at less than 50% because it is not cost effective to the program.

50. Can program managers be funded under this grant for less than 50% and what will be considered reasonable justification?

We prefer not to fund positions less than 50% unless there is a dire situation in your agency, OFP will consider positions proposed for less than 50%.

51. Can teens be funded as staff to the program?

Yes.

52. May funds be used to cover the salary of a Health Educator who counsels patients in our teen FPACT clinic and who also conducts prevention educations and information presentations off site?

Yes.

53. Is there a % limit on indirect costs on budget?

Indirect cost can be up to 15% of total personnel costs.

54. At the bidder's conference, Anna Ramirez confirmed that positions under this RFA would be able to be funded at less than .50 FTE (with exception Peers, etc.) and specifically that administrators, coordinators, etc. would not be funded at less than this percentage. However, we have always had and need some degree of administration, and our coordinators/managers usually manage multiple programs. Is this not cost effective, and 2) how are we to handle this for our application and program plans.

A minimum of .50 FTE is required especially from the coordinators of the program. OFP requires staff to be available and invested in the project. We prefer not to fund positions less than 50% unless there is a dire situation in your agency.

Collaboration

55. Will it be acceptable if our agency includes a new county that has no such program but we can help through collaborative efforts?

Yes.

56. How do we find a list of AFLP/ASPPP providers in our community?

We have provided a list of AFLP/ASPPP Providers in the State in Resources for Request for Application. This document was sent to agencies that submitted a request for the Information and Education the Request for Application (RFA) and mailed with the RFA.

57. Have FPACT providers been advised that we will be contacting them for collaboration? Have FPACT providers been motivated to do so? This was a major problem in the last round.

Family PACT providers are aware through newsletters, meetings and community forums. It is at their discretion if they want to collaborate. Some Family PACT providers are not "teen friendly" providers. There is a list of TeenSmart Providers in RFA. You can start with your community clinics, Planned Parenthood Clinics, Rural Health & Farm Workers Health Care Clinics.

58. a) Are subcontractors mandatory? b) Can programs work with existing TPP collaboratives, or must they form a separate alliance? c) Does the statewide evaluation tool ask questions about behavior? d) Will blank forms be made available or do we have to recreate? e) Can we use a smaller font in community needs assessment table?
- a) No.
b) Please work with existing collaboratives in the your community.
c) Yes.
d) OFP will make “fill-in” forms available on the OFP website.
e) Yes you can use smaller font only in certain sections of the application. Tables, SOW is acceptable in the smaller font (no less than 10 pt font).
59. a) Regarding the clinical collaboration requirement in the RFA, how will the insecurity of the Teen SMART program impact any commitments made if awarded? b) Additionally what will the OFP do to ensure enhanced counseling and reimbursement as stated on page 40? c) If our proposed program serves specific sites that youth from all over the county are attending may we use the site’s census tract to determine the hot spot/ birth rates?

Currently, the TeenSMART Outreach Program (TSO) is eliminated by the FY 2003-04 Budget. TeenSMART, clinical services, still exist through Family PACT Program. TSO may be reinstated with legislative proposal approval. Information regarding your target population will need to be addressed and justified in the community needs assessment.

60. What do you mean by clinical services linkage strategies? Please elaborate on the clinical services AFLP/ASPPP and collaboration for the provision of services. How much money can we allow for a local evaluator?

Clinical services collaboration and linkages are thoroughly described on pages 39-40 of the RFA. We want the agencies to partner with Family PACT providers. This is more than making referrals. OFP wants to make sure that there is a continuum of care for the youth. This means facilitating and fulfilling the appointment system and to ensure youth questions or concerns are addressed during clinical visits.

61. For the clinical services linkage requirement, how are you defining active referral system? If my organization is a FPACT provider, do I have to show how referrals will be done internally?

Yes, there should be a tracking system into clinical services.

62. May a current CCG lead agency be a subcontractor/collaborative partner for this I&E and still be eligible to apply for a CCG program as lead agency when the new CCG grants come out?

Yes.

63. Is a mission statement and structure explanation necessary for a collaborative alliance?

Yes, especially if you are using an existing collaborative.

64. In project description section #5, a description is asked for of community support in developing the application. How is this different from the section F collaboration statement?

The RFA contains a complete description of community collaboration on pages 36-40. The information requested is very similar in that it emphasizes the importance of community collaboration in planning, development, and implementation of the project.

65. Does the referral system to an FPACT provider need to be trackable? What would be an example of a referral system?

Yes. This should be a system to develop with the collaborative.

66. We are partnering to provide services such as education but we are not funneling funds to these partners nor subcontracting services is this still collaborating for RFA purposes?

Yes, this form of collaboration is for planning and implementation of the project. Collaborative agencies such as schools or CBO may not be receiving dollars, however, Letters of Commitment and School Agreement forms are required from these entities.

67. If our agency is a FPACT provider do we have to link with additional FPACT providers or can we refer internally?

You can refer internally.

68. Should we collaborate with an AFLP that is in our county, but not our service area? Do we extend our proposed service area to include that AFLP's areas?

OFP recommends you collaborate with an AFLP in your service area only. Agencies do not have to extend service areas to include AFLPs. You can include AFLP areas at your discretion.

69. If none of the FPACT providers in an agency's outreach area are responsive, will that agency be penalized this is a real issue.
OFP requires linkage from a Family PACT provider. This is a requirement of the RFA grant.
70. Can Collaborative alliances be the same as those used in CCG contract.
Yes.
71. Is the collaborative alliance made up of applicant I&E project agencies throughout the county, or is it composed of lead agency and its partners in the target community.

The collaborative alliance can be agencies who have an invested interest in the teen pregnancy prevention issues as well youth.

72. If there is an existing collaboration of community agencies in the target community, is it necessary to each organization sign a letter of commitment to participate in the project, or is it acceptable to have representative of the collaboration sign for the body.

If the member has an active participation in the Project, a Letter of Commitment is required. It is acceptable to have a representative from the collaborative to sign for the body for those partners who do not provide direct services, but are invested with youth issues.

Community Needs Assessment

73. In teen hot spots report, should our target census tract be at a certain percentage, or is inclusion in the hot spot report enough?

The inclusion of the hot spot is enough.

74. a) Which method of calculating teen birth rates is more accurate? b) In our county when using method 1 it shows us as the 5th highest county, when using method 2 it show us as the 2nd highest county. c) Do you only have to do a budget for the 1st year or all three years? What do you mean by geographic diversity?

a) To calculate the teen rate, please call us to determine which method is best.

b) The budget in the application is for the first year only.

c) OFP defines geographic distribution (Stage 4) as providing equitable distribution of funds throughout California.

75. Our agency is not in a teen hot spot, however, we serve census tracts that are. Is it possible to receive funding if we can justify the need?

Yes.

76. Can a CBO outreach to other hot spots in Sac County or are they committed to their geographical area?

A CBO can outreach to other hot spots in their county, but you will need to demonstrate the need and your capacity to service this area.

77. How does the numerator/denominator apply to a given ethnic group that resides in a particular census track?

The numerator would be the total number of births to females of a given age group (i.e. 15-19 years of age) of that ethnic group during a given period of time. The denominator would be the total number of females of the same age group during the same time period.

Evaluation

78. In writing the grant, how much do individual agencies design their own local evaluation emphasis and process or is this set out by the state?

For local evaluation, you must accept and conduct the requirements outlined in the RFA as mandated by OFP.

79. If the state evaluation is set up by the state how do you want agencies to address the state evaluation in our proposal?

You must address that you will be accepting the requirements as specified in the RFA. You will have to conduct pre/post test surveys and other required evaluation activities outlined in the RFA.

80. Do you have preference as to whether we should use internal staff or an external evaluator to conduct the local evaluation? Can we contract with an outside evaluator for the local evaluation?

There is no preference for internal or external evaluator. OFP requires that internal and external staff must be involved in the process. The only stipulation for external evaluators (consultant or subcontractors) is to attend required evaluation meetings.

81. What are these continuous program improvement tools that are associated with the local evaluation? We may need to know what we are agreeing to.

Continuous Program Improvement (CPI) tools that are associated with the local evaluation are available through OFP. You can obtain copies of these tools by contacting OFP.

82. Does the 10-15% allocated to the statewide evaluation have to be indicated as a line item or can it be justified in the personal budget justification?

Refer to the RFA budget and budget justification example. See Appendix VIII and IX (pages 87-81).

83. Is the 25 matched surveys requirement for all strategies?

No, only on the prevention education strategy.

84. I am from a school district, are survey questions going to be similar to YRBS or CHKS?

There are questions in the survey that relate to sexual behavior that may be similar to the YRBS. You will be required to have active permission from school districts.

85. Will there be separate Pre/Post test for the 5th and 6th/middle school grades and another for high schools?

Yes, there is a (middle-school age) youth survey and a (high-school age) teen survey

86. Is the Statewide Evaluation the same as the CCG Statewide Evaluation?

The Statewide Evaluation is adapted and expanded from the FY 02-03 CCG survey. Applicants should discuss the required survey with participant schools so that they are aware of the questions.

87. Can Administrative Staff dealing with the Evaluation Piece of the project be on the program less than 50%?

No. The evaluation is a critical component for the application. Agencies need to be invested in this process. Overseeing the evaluation component can be incorporated as additional duties of staff to the project.

General

88. Is there a list of current CCG & MIP contractors? Hot Spots Document: Is it the same as the one released with the 2002 RFA?

a) Yes, a list can be obtained on the OFP website at

www.dhs.ca.gov/ofp.

b) Hot Spot document is the same one released on January 2001.

89. California Birth Rate per 1000 females by age groups” why the overlapping age groups?

Most the census information is based on 15 to 19 years of age. This is a statistical way of grouping information.

90. If an agency has been funded repeatedly for the past several years, are they more likely to be funded over a new applicant in the same county?

No. This is an open and competitive bid process for all.

91. Is there an RFA mailing list that agencies can get on to receive announcements for all RFA's put out by the state?

No. You can only get those RFAS that OFP releases.

92. We have a new management team and don't think we have any history with OFP is there a way to confirm if we have or have not? Or should we proceed as if there is no history?

Contact our office. If you have been funded as an OFP Lead Agency within the last three years, we will have a record of you. If you have not been funded, then you are considered new.

93. What does “NS” stand for on Attachment XII (p 164)? The RFA on the website is in Adobe Reader and the forms cannot be typed on. Do you have plans to make the forms available online in a “word” format for applicants?

The NS is a typo. It should read as Fiscal Year 2004/2005.

94. How should the first year SOW be dated (Attachment VIIa)?

SOW will be corrected to read November 1, 2003.

95. Could you please list the phone number we should call before we hand deliver the RFA?

Call (916) 650-0414 if you are hand delivering your application.

96. When referring to “current applicants” does that include current CCG/MIP or just current I&E projects?

Current is defined as any OFP-funded lead agency funded within the last three years.

97. Can OFP recommend a curriculum for Train the Trainer?

We would recommend any of the program types/curriculum described in the Resources Guide released in the RFA. OFP suggest information on the Internet or training and education company’s such as ETR is a good start for finding an appropriate curriculum.

98. Can’t we get FPACT provider list off the Web?

In your Applicant Meeting packet, we have provided a Form that will need to be submitted to OFP in order for you to get a listing of Family PACT providers in your area.

99. You have made reference to existing survey that was distributed in May, what about new applicants, they have not seen these?

If you need to look at a sample of the statewide survey or local evaluation tools, contact our office.

100. Why was the bidders conference held in Sacramento?

Due to the short timeframe and budgetary issues, only one Applicant Meeting was scheduled. The Sacramento site was cost-effective for us.

Review Process

101. Will we be told if the application fails a review when it fails?

Yes, if any agency does not pass a certain review stage, they will be notified.

102. During the Review Process (stage 2) are “current” applicants previously funded I&E projects? Are current applicants also organizations that have other previously funded OFP projects?

Current contractors are defined as any OFP-funded Lead Agency funded within the last three years.

103. If the applicant agency is “new”, but one or more partners are “current”, how will you review the proposal, new or current?

The applicant agency is considered new.

104. Do sections receive a percentage between 0% and 15% and 0% and 10%; for example could the applicant capability receive a 9%?

No. Sections receive all or none of the weight. If the section receives an inadequate, this section will not receive the percentage weight. If the application receives an adequate, it will receive the full weight.

105. In section three of the evaluation process is it possible to receive a portion of the maximum percentage or is it all or nothing?

It is all or nothing. If it is inadequate you get a zero percentage weight. If it is adequate, you receive the full percentage weight.

106. a) What is minimum amount of award? b) Scoring from examples of overheads it appears that you either get all of the percentage or nothing; can you get 5% of 15% in a category? c) Can the FPACT provider be the lead agency?

a) Minimum award is \$100,000.

b) All or nothing. If it is inadequate you get a zero percentage weight. If it is adequate, you receive the full percentage weight.

c) Yes.

107. Are references required for existing contractors?

No.

Strategy

108. Is the 8-hour curriculum a minimum time period or a set time period? Will you consider multi-session curricula of many more hours in length?

A minimum eight-hour curriculum is required to conduct your prevention education strategy for your specific target group. Your agency can decide how this will be implemented.

109. Under “prevention education” strategies, if you do the 3 sub strategies listed, would that count as the minimum of 3 strategies?

You are required to provide a prevention education strategy, this strategy can be a comprehensive sexuality education, or train the trainer, or life skills education. This is counted only as one strategy and not three.

110. a) Where can we find approved curricula for Train the Trainer Programs?
b) Our existing health education and community outreach workers provide 1-on-1 prevention counseling in our clinics and they need to be properly trained, can the train the trainer program be applied/used for in-house (in health clinic) training?

Emerging Answers, by Doug Kirby, Ph.D.,(ETR Associates) assesses curriculum and other resource documents. You can call OFP Program Consultants at OFP. b) Yes, however, the prevention education strategy also requires participation in the statewide outcome evaluation which focus on youth.

111. What are the strategies specific to rural areas to reduce teenage pregnancies rate among Latinos?

It’s up to you to tell us.

112. When combining strategies such as peer provided comprehensive sexuality education is this considered one or two strategies?

This is considered two strategies. It must be clear in the program description and in the SOW. The provision of conducting comprehensive sexuality education requires a minimum 8-hour prevention education. If the youth is delivering the education, this is considered a peer provided service. This requires the training and recruitment of youth to conduct a service.

113. Is there a list of recommended curricula we can see as reference?

Refer to the Resources for Request for Application that was mailed out with RFA.

114. Our curriculum was evaluated and approved by OFP a few years ago, in our proposal would we refer to the curriculum by the name we gave it or the original curriculum we modified?

Refer to it by name and indicated that the curriculum is an OFP approved curriculum in the application.

115. If we are teaching more than one grade of education, do we have to follow the minimum 8-hour requirement for all grade levels?

For Prevention Education, you will need to identify your target population.

116. Increasing the prevention education strategy to 8 hours or more will cause a significant decrease in the numbers of youth that can be reached. Has OFP taken this into consideration?

Yes.

117. Each participant in the program must receive the 8-hour curriculum?

Your program must determine who will receive the 8-hour curriculum.

118. Can the 8-hour curriculum be taught in multiple sessions or in one 8-hour session?

It can be provided in multiple sessions or even one eight hour session.

119. For the strategy Community Awareness and Mobilization can we select just one sub strategy?

Yes.

120. a) The RFA indicates that we must include the 8-hour prevention education strategy in the SOW for at least one youth group. Does youth group mean one of the target populations listed on page 9? b) And this means that not all the youth target populations selected require the 8-hour?

a) Yes.

b) Yes. However you will need to keep the evaluation requirements in mind.

121. For the required prevention education strategy do we select only one or can we select more than one sub-strategy?

You can select one or more sub-strategy, however you still would need to fulfill the remaining requirements. The prevention education is considered one strategy.

122. Can train the trainer interventions geared towards youth serving personnel address clinical standards for providing reproductive health care to adolescents or are you looking for something broader?

We would be looking at something broader. This is a prevention program and not an intervention program.

123. Please provide information clarifying a curriculum that is evaluated vs. one that has not. Do we call the curriculum developer? Is there a list of adopted curriculum that has been formally evaluated?

Information regarding recommended curriculum and resources are provided to you in the Resources for the Request for Application. Previously developed and approved curriculum from current contractors is also acceptable. Funds may not be used to develop new curriculum.

124. Our peer educators attend more than 8 sessions of training and continued educations throughout the year. Peer educators conduct classroom presentations; organize community awareness event and work on social marketing efforts for Pregnancy Prevention Month. Which strategy would this be? Train the Trainer or Peer Provider.

If you have an existing peer education program, this would be considered a peer provided service. If you are recruiting new peer educators, the training/education portion can be considered Train the Trainers.

125. If one of the three project strategies is community awareness and mobilization is there a minimum number of events that must take place.

No.

PART TWO:

REVISED PAGES TO THE RFA

F. Reasonable Accommodations

Upon request, DHS/OFP will provide reasonable accommodation to a prospective applicant with a hearing or other impairment who needs assistance to participate and/or attend the Pre-Application Conference. Call OFP at **(916) 650-0414** or FAX at **(916) 650-0455** by June 20, 2003.

G. Applicant Questions

If a potential applicant, upon reviewing this RFA, has any questions or discovers any problem, including any ambiguity, conflict, discrepancy, omission, or any other error in this RFA, the applicant may request clarification in writing. All such communications should identify the author, agency name and address, specific question or discrepancy, RFA Section and page number and other relevant information.

Written questions or inquiries must be received by OFP by no later than 5:00 p.m. on July 7, 2003. Written questions or inquiries may be submitted by mail to the address listed below or submitted by FAX to **(916) 650-0455**. Applicants may call **(916) 650-0414** to confirm receipt of FAX.

**Information & Education Program
RFA Questions
PCFH/Office of Family Planning
California Department of Health Services
P.O. Box 942732
MS 8400
Sacramento, CA 94234-7320**

**Fax: (916) 650-0455
Telephone: (916) 650-0414**

Questions received at the Applicant Conference or submitted in writing directly to OFP will be compiled. A summary of the written questions and their respective responses will be mailed to the entities that (1) submit a Notice of Intent to Apply, (2) attend the OFP Applicant Conference, and/or (3) submit written questions to OFP that are received on or before July 7, 2003.

After July 7, 2003 at 5:00 p.m., the question and answer period will be closed and OFP will **NOT** provide any further technical assistance concerning the RFA.

Agencies are encouraged to thoroughly examine this RFA and become fully aware of its requirements. Prospective applicants are reminded that applications are to be developed solely on the material contained in this document and any written addendum issued by OFP.

H. Voluntary Notice of Intent

Prospective applicants are strongly urged to indicate their intention to submit an application. Failure to submit a Notice of Intent will not affect the acceptance of any proposal. The Notice of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent was submitted. The purpose of the Notice of Intent is to assist the DHS in estimating the likely number of applicants in order to assemble an adequate number of reviewers and to develop other logistics for the review process.

Applicants should use "Notice of Intent to Apply for the Information and Education Program Funds" form (**Attachment IX**) Forms may be faxed (facsimile) and submitted by July 18, 2003. The Notice of Intent should be addressed to:

**Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
P.O. Box 942732
MS 8400
Sacramento, CA 942732-7320**

**Fax: (916) 650-0455
Telephone: (916) 650-0414**

If a Collaborative Alliance changes the lead agency after submitting a Notice of Intent, please have the formerly designated lead agency notify OFP of the change and provide updated information on the new Lead Agency. Notices of Intent will be posted on the OFP Website so that applicants can review the names of other agencies in their geographic area that may be applying.

VIII. APPLICATION SUBMISSION REQUIREMENTS AND REVIEW PROCESS

A. Application Submission

The person authorized to legally bind the applicant must sign applications. Applicants must submit the signed original application (clearly marked "Original") and four (4) copies of the entire application package, including attachments. Place the proposal set marked "Original" on top, followed by the four (4) extra copies. Place all proposals in a single package if possible, and seal it. If you submit more than one package, carefully mark on the outside of each package "1 of X", "2 of X", etc.

The original and all four copies must be received by OFP on or before 5:00 p.m. on August 11, 2003. Applications with a postmark before, on, or after August 11, 2003, but not received by 5 p.m. August 11th will be returned unopened.

DO NOT ELECTRONICALLY TRANSMIT APPLICATIONS BY FACSIMILE (FAX) OR E-MAIL. FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

It is the sole responsibility of the applicant(s) to insure that its application package is received by OFP no later than the above deadline. Late applications will not be reviewed or scored. NO EXCEPTIONS WILL BE MADE.

Label and submit your application package using one of the following methods:

Regular Mail:

**Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
P.O. Box 942732
MS 8400
Sacramento, CA 94234-7320
ATTN: I&E PROGRAM RFA**

Hand Delivery or Overnight Mail:

**Anna Ramírez, M.P.H., Chief
PCFH/Office of Family Planning
California Department of Health Services
1615 Capitol Avenue
Fourth Floor, Room 435
Sacramento, CA 94234-7320
ATTN: I&E PROGRAM RFA**

PLEASE NOTE: The address to hand deliver or overnight your application is different from the address used for regular mail. Use the correct address for the type of delivery.

All applications will be date and time stamped upon receipt. If an application is hand-delivered to OFP, an "Application Receipt" will be provided upon request to the hand carrier.

Application Modifications after Submission; Withdrawal and/or Resubmission of an Application

All applications shall be complete when submitted. However, an entire application may be withdrawn and the applicant may resubmit a new application prior to the application deadline.

To withdraw an application, the applicant shall submit a written withdrawal request signed by an authorized representative of the Applicant. Address the envelope to the same person and appropriate address listed above for delivery of applications. Add an additional line to the address on the envelope stating "Withdrawal RFA."

You may also fax your written withdrawal request to

**Anna Ramirez, Chief,
Office of Family Planning
Department of Health Services
FAX (916) 650-0455**

Applicants who fax their withdrawal requests must call (916) 650-0414 to confirm receipt of a faxed withdrawal request. Applicants must follow up the faxed request by mailing or delivering the signed original withdrawal request within 24 hours after submitting the faxed request.

An originally signed withdrawal request is generally required before DHS/OFP will return an application to an applicant. DHS/OFP may grant an exception if the applicant informs DHS that a new or replacement application will immediately follow the withdrawal.

After withdrawing an application, an applicant may resubmit a new application according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery or postmarked by the application due date and time.

B. DHS Rights

DHS is authorized to verify any and all information contained in an application, including but not limited to verification of prior experience and the possession or other qualification requirements, and

XVI. PAYMENT PROVISIONS

Based upon the annual project budget approved to provide services in the negotiated Scope of Work, the grantees selected for funding will receive grant payments based on the following schedule:

First Grant Period—November 1, 2003 – June 30, 2004

November 1, 2003 - 50 percent of the FY 2003-04 project budget contingent on a signed grant agreement.

January 31, 2004 - 35 percent of the FY 2003-04 project budget contingent upon receipt and approval of the **first** progress report by OFP.

July 31, 2004 - 15 percent of the FY 2003-04 project budget contingent upon receipt and approval of the fourth progress report by OFP.

Second Grant Period – July 1, 2004 – June 30, 2005 and subsequent grant periods.

Funds for the TTP Programs will be provided to grantees in the following payment schedule (only if funds are appropriated by the Budget Act for each of the fiscal years involved).

July 15 - 25 percent of the specific fiscal year budget contingent upon approval of the scope of work and budget.

October 31 - 30 percent of the specific fiscal year budget contingent upon the receipt and approval by OFP of the first quarter progress report.

January 31 - 30 percent of the specific fiscal year budget contingent upon receipt and approval by OFP of the second quarter progress report.

July 31 - 15 percent of the specific fiscal year budget contingent upon receipt and approval by OFP of the fourth quarter progress.

The only exception to this payment schedule will be for the last payment of the last fiscal year of the grant. Projects will be required to submit a final project report on July 31st of the last fiscal year. The last 15 percent payment will be made upon receipt and approval by OFP of that final report.

The OFP may reduce or withhold a scheduled grant payment if the grantee does not meet any or all of the following:

- The evaluation requirements for the grant period;
- The content requirements specified by OFP;
- Achievement of the objectives and activities specified in the Scope of Work; and/or,
- The match requirement for the grant period, if applicable.

Upon receipt and approval of the final progress report, OFP may pay all or a portion of any previously withheld funds based on the grantee's achievement of the project Scope of Work, reporting requirements and applicable match requirements.

SAMPLE
Budget Detail Worksheet
Youth Services Agency
Budget Year 1 (**November 1, 2003 - June 30, 2004**)

<u>Personnel</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
Project Director	\$2,400 - 3,000	0.5	\$18,000 *
Youth Counselor	\$1,800 - 2,400	1.25	\$36,000
Project Assistant	\$1,700 - 2,000	1.0	<u>\$24,000 *</u>
Fringe Benefits (__20__% of Personnel Costs)			\$15,600
Total Personnel and Benefits			\$93,600
Operating Expenses			
General Expenses			\$1,200 *
Space Rental (150 sq. ft. x \$1.00 sq. ft. x 12 months)			\$1,800
Printing			\$3,000 *
Equipment Rental			\$5,000
Audit Costs			<u>\$3,000</u>
Total Operating Expenses			\$14,000
Equipment Purchases			\$ 0
Total Equipment Purchases			\$ 0
Travel and Per Diem			
TPP Program Annual Conference			\$1,500
Regional Meeting			\$2,040
Travel to Sites to Conduct Evaluation Activities			\$2,200
State Approved Trainings			<u>\$2,531</u>
Total Travel and Per Diem			\$8,271
Subcontracts/Consultants			
XYZ Mentoring Agency, Inc.			\$5,500
ABC Consultants @ \$350 per day x 1 day			\$350
Subcontract for Evaluation			<u>\$4,200</u>
Total Subcontracts/Consultants			\$10,050
Other Costs			
Training Registration			\$500
Educational Materials			\$2,698
Subcontract Administration (Up to 5% of total amount requested)			\$503
Participant Transportation			\$1,500
Incentives			<u>\$4,820</u>
Total Other Costs			\$10,021
Indirect Costs (Up to 15% of Total Personnel and Fringe Benefits)			<u>\$14,040</u>
Total Other Costs			\$14,040
Total Amount Requested			<u><u>\$149,982</u></u>

*Some costs are associated directly to evaluation activities.

Curricula Guidelines

I. Purpose

The Office of Family Planning (OFP) requires that the implementation of **any curricula shall be reviewed and approved by OFP prior to use by I&E Projects**. This review is to ensure that the information contained in educational materials is appropriate and adequate.

II. Definitions

Terms

A **curriculum**: is a written plan with specific content designed to deliver information in an educational format. The curriculum is a method intended to facilitate a learning experience. The purpose of the learning experience is to effect a change in awareness, knowledge, attitude, belief, behavioral intent, and/or behavior of a specific target population in connection with a particular Strategy, as stated in the Information & Education Project Scope of Work.

Evaluated curricula: is one that has been peer reviewed, field-tested, and published in at least one professional journal. The outcome objectives desired have been shown to be significant and effective with the target population(s).

Non-evaluated curricula: these curricula have been previously reviewed and approved by either the CCG, MIP, or I&E programs. These curricula have been previously developed and implemented for those programs only, but not evaluated as described above.

Modified curricula: curricula derived from a compilation of two or more evaluated curriculum for use by an educator, author or agency/institution for the purposes of adapting the content to more effectively address cultural, linguistic or the learning needs of a target population.

I&E funded agencies using evaluated or modified curricula must credit the original sources(s) used by citing the author(s) and publisher of those sources on the document. Agencies should aware of existing state and federal statutes pertaining to copyright infringement.

I&E funds may not be used for the development or testing of non-evaluated or modified curricula.

III. Curriculum Review Requirements and Approval Process

Review and approval of all proposed curriculum shall be conducted by OFP prior to its implementation. All I&E funded Lead Agencies are responsible for submitting copies of non-evaluated and modified curriculum that they, their subcontractors, and/or organizational partners intend to use in their Projects.

Once the finalized version is submitted the anticipated time for review and approval is 30 days from date received. OFP reserves the right to extend that time in order to enter into negotiations with the Lead Agencies to revise or amend the proposed curricula submitted.

IV. Overall Standards

The following are minimal standards for the use of non-evaluated and modified curricula for both the lead agency and or funded subcontractors.

- 1) ***The final version of the proposed curriculum needs to have proof of review and provisional approval by the Lead Agency.*** Review and approval may come from several sources, such as the Project Collaborative or the School District and/or Principal of the schools if curriculum is to be used at a school site(s).
- 2) ***The curriculum should relay accurate information.*** Pictures, charts, graphs, videos, and any other pictorial elements showing anatomy and/or physiology of the human body and organ referenced on the page(s) or credits shown on the document or product for the Project participants system(s) should be accurately portrayed in function, dimension, position, and relative size. **The primary source(s) should be referenced on the page(s) or credits shown on the documents or products for the project participants.**
- 3) ***Content covering topics that include statistical and other epidemiological data (such as symptoms, illness, disease rates, and risks) should be up-to-date.*** Statistics cited should be referenced from the most recent data available from primary sources viewed as highly credible (i.e., governmental sources such as Centers for Disease Control and Prevention, State of California and universities and other scientific bodies, such as the New York Academy of Sciences). Statistics and other data cited should be referenced and documented with either the primary or secondary source.
- 4) ***Curriculum content should state at least one overall goal and one learning objective.*** All objectives should be clear and measurable. The desired change(s) in knowledge, attitudes, or behavior should be written at the beginning of the curriculum or at the start of each topic or section listed in the curriculum's table of contents.
- 5) ***Curriculum content should be appropriate to the target population.*** Written, pictorial, and electronic information should be appropriate to the learning needs of the target population in the following five (5) dimensions:
 age,
 culture/ethnicity,
 literacy level/language,
 developmental needs (physical, cognitive/mental, emotional and social), and
 risk level(s).
- 6) ***The format should effectively address the learning needs of the target population.*** The way that the curriculum is delivered should increase the likelihood that the educational content and materials will create the intended change in knowledge, attitudes, behavior. Format variation should be consistent with the learning needs of the target groups identified to receive the curriculum and listed in Item #5 above.

Appendix X (Continued)

Examples of variation are: changing *duration* of sessions to match age-related needs (e.g. 12 year olds will attend an 4-week curriculum and 15 year olds will attend an 8-week curriculum); changing the *intensity* of sessions (e.g. 10-12 year olds will receive a 1 hour session and 13-15 year olds will receive a 1 1/2 hour session). Other examples: changing the materials to be used: 10-12 year olds may receive a more generalized presentation including a pictorial representation of the male and female anatomy and physiology while 12-14 year olds may receive a more realistic presentation including any of the following: more detailed graphic, view three-dimensional models and a film/video.

- 7) ***Curriculum should address the consequences of teenage pregnancy.***
- 8) ***Curriculum should address the prevention of teenage pregnancy.***
- 9) ***Curriculum content shall not contain or include any word(s), phrases, sentences, and pictorial representation or cite any statements of a religious or sectarian nature, nor indirectly relate to any values or symbols of a religious or sectarian nature***

V. Additional recommendations

Although not required by I&E Projects, OFP acknowledges that the following criteria tend to enhance the "staying power" or retention of the educational messages, increasing the overall effectiveness of a curriculum (*Douglas Kirby, **No Easy Answers**, March 1997, page 7; Claire Brindis, et.al. **Communities Responding to the Challenge of Adolescent Pregnancy Prevention**, Volumes II and III, 1998*):

Curricula containing learning techniques or content that have been previously tested, established in the scientific literature, or otherwise determined to be successful in impacting sexual behavior, including the delay of sexual involvement for youth, young teens or contraceptive use for older teens.

Curricula containing a comprehensive focus; i.e. containing a combination of any of the following topics: self-esteem; decision-making; communication skills; interpersonal relations and/or assertiveness skill development.

Curricula including referrals to community resources for appropriate health and social services.

Curricula including skill-building component in terms of how to access community/health resources.

VI. Essential elements of a OFP curriculum

The following elements should be identified and included in a curriculum:

- 1) Title
- 2) Author(s), publisher and date of publication, as appropriate.
- 3) Intended target audience.
- 4) Overall rationale for the development of the curriculum (e.g. to address a specific unmet learning need by a target population for a specific reasons).
- 5) Overall educational goal(s) of the curriculum.
- 6) Learning objectives are stated and measurable.
- 7) Overall delivery time for each (age of) target population (e.g. optimal duration or sequencing of sessions for maximum results/outcomes).
- 8) Number and length of each session for each (age of) target population.
- 9) Number of participants (minimum and maximum that curriculum and format should allow).
- 10) Materials to be used (audiovisual, print and electronic).
- 11) Other formats available (e.g. specific age-groups, languages).
- 12) Instructor/facilitator guide, if applicable.
- 13) Qualifications/experience or recommended training of instructor in order to deliver curricula.
- 14) Successful experiences of agency or others that have used this or a similar curriculum with a comparable target population.
- 15) Expressed written permission from and credit to the author(s)/publisher(s) or primary source curriculum(s) to use specific components of those curricula.

PART FOUR:

REVISED ATTACHMENTS

SCOPE OF WORK					
GOAL:					
Objective Number:		Activities/Tasks Needed to Complete This Objective			
Strategy:		Steps needed to complete objective		When	Staff Assigned
Sub-Strategy:					
Population served in this Strategy					
<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both					
% Ages served by this strategy:					
11 and younger					
12 – 14					
15 – 19					
20 – 24					
25 and older					
% Ethnic group(s) served:					
African-American					
American Indian					
Asian					
Filipino					
Latino/Hispanic					
Pacific Islander					
White/Anglo					
Other					
Strategy will reach a minimum of:					
Number of participants					
Number of sessions/ presentations/meetings/activities					
Length in minutes					
		Sites of Service:			
Is curriculum used?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Title:					
Attachment VII (a)					
Strategy part of Statewide Evaluation?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Outcomes to be achieved by the Objective					

Grantee Name: _____
 Grant Number: _____

Exhibit A
 Scope of Work
November 1, 2003 – June 30, 2004
 Year 1

SCOPE OF WORK					
GOAL:					
Objective Number:	Activities/Tasks Needed to Complete This Objective				
Strategy:	Steps needed to complete objective	When	Staff Assigned		
Sub-Strategy:					
Population served in this strategy:					
<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both					
% Ages served by this strategy:					
11 and younger					
12 – 14					
15 – 19					
20 – 24					
25 and older					
% Ethnic group(s) served:					
African-American					
American Indian					
Asian					
Filipino					
Latino/Hispanic					
Pacific Islander					
White/Anglo					
Other					
Strategy will reach a minimum of:					
Number of participants annually					
Number of sessions/ presentations/meetings/activities					
Length in minutes					
	Sites of Service:				
Is curriculum used?	1. _____ 6. _____ 2. _____ 7. _____ 3. _____ 8. _____ 4. _____ 9. _____ 5. _____ 10. _____				
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Title:					
Strategy part of Statewide Evaluation?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Outcomes to be achieved by the Objective					

Grantee Name: _____
 Grant Number: _____

Exhibit A
 Scope of Work
November 1, 2003 – June 30, 2004
 Year 1

SCOPE OF WORK					
GOAL:					
Objective Number:	Activities/Tasks Needed to Complete This Objective				
Strategy:	Steps needed to complete objective	When	Staff Assigned		
Sub-Strategy:					
Population served in this strategy:					
<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both					
% Ages served by this strategy:					
11 and younger					
12 – 14					
15 – 19					
20 – 24					
25 and older					
% Ethnic group(s) served:					
African-American					
American Indian					
Asian					
Filipino					
Latino/Hispanic					
Pacific Islander					
White/Anglo					
Other					
Strategy will reach a minimum of:					
Number of participants annually					
Number of sessions/ presentations/meetings/activities					
Length in minutes					
	Sites of Service:				
Is curriculum used?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____				
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Title:					
Strategy part of Statewide Evaluation?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Outcomes to be achieved by the Objective					

Grantee Name: _____
 Grant Number: _____

Exhibit B
 Scope of Work
November 1, 2003 – June 30, 2004
 Year 1

SCOPE OF WORK			
GOAL: Reduce teen and unintended pregnancies			
Objective Number:	Activities/Tasks Needed to Complete This Objective		
Strategy: Prevention Education	Steps needed to complete objective	When	Staff Assigned
Sub-Strategy: Comprehensive Sexuality Education	1. Present and distribute finalized workplan to Project partners/collaborative and subcontractors.	8/02	Program Coordinator Collaborative/XYZ Inc.
Population served in this Strategy	2. Contact H.S./M.S. Principals and staff to set date for program presentation. Develop 30 minute presentation.	8/02	Program Coordinator
<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both	3. Conduct presentation and receive approval of program with appropriate education official.	8/02	Program Coordinator
% Ages served by this strategy:	4. Receive approval for program & evaluation tool(s) from teachers and School Boards.	8/02	Program Coordinator Collaborative/XYZ Inc.
11 and younger	5. Distribute "Positive Parental Consent" forms to parents/caretakers.	8/02-12/02	Program Coordinator
25 12 – 14	6. Schedule classes with principals and teachers: grades 9, 10, and 11 th grade.	8/02-12/02	Program Coordinator XYZ Inc.
75 15 – 19	7. Set-up database for local evaluation for program.	8/02-12/02	Program Coordinator Support Staff
20 – 24	8. Develop & distribute referral cards and linkage to clinical services.	1/03-6/03	Program Coordinator and Staff
25 and older	9. Conduct classes three times a week to three high schools.	1/03-6/03	Health Educators XYZ Inc.
% Ethnic group(s) served:	10. Debrief with staff on each class session.	1/03-6/03	Health Educators Collaborative/XYZ Inc.
15 African-American	11. Administer & send copies of pretest to statewide evaluator.	1/03-6/03	Health Educator
American Indian	Sites of Service:		
5 Asian	1. Hoover High School	6.	
5 Filipino	2. MLK Middle School	7.	
60 Latino/Hispanic	3.	8.	
Pacific Islander	4.	9.	
15 White/Anglo	5.	10.	
Other			
Strategy will reach a minimum of:			
300 Number of participants			
16 Number of sessions/presentations/meetings/activities			
50 Length in minutes			
Is curriculum used?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Title: Reducing the Risk			
Strategy part of Statewide Evaluation?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Outcomes to be achieved by the Objective			
As measured by local pre and posttests (on participants completing at least 10 sessions).			
1). 20% increase in STD/HIV knowledge by at least 180 participants.			
2). 20% increase in number of participants who are able to use at least 6 out of 10 refusal/delaying skills.			
3). At least 90% of participants will be able to demonstrate the "self talk" method to avoid sex or unprotected sex.			

Grantee Name: _____
 Grant Number: _____

Exhibit B
 Scope of Work
November 1, 2003 – June 30, 2004
 Year 1

SCOPE OF WORK			
GOAL: Reduce teen and unintended pregnancies			
Objective Number:		Activities/Tasks Needed to Complete This Objective	
Strategy: Prevention Education		Steps needed to complete objective	When
Sub-Strategy: Comprehensive Sexuality Education		12. Administer & send copies of posttest to statewide evaluator and satisfaction surveys to Program Coordinator for analysis.	1/03-6/03 Health Educators
Population served in this strategy:		13. Maintain copies of all rosters/surveys on file	1/03-6/03 Health Educators
<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both		14. Collect & analyze local evaluation data.	1/03-6/03 Support Staff Program Coordinator
% Ages served by this strategy:		15. Present findings of local and statewide data to collaborative meeting.	1/03-6/03 Program Coordinator Collaborative/XYZ Inc.
	11 and younger		
25	12 – 14		
75	15 – 19		
	20 – 24		
	25 and older		
% Ethnic group(s) served:			
15	African-American		
	American Indian		
5	Asian		
5	Filipino		
60	Latino/Hispanic		
	Pacific Islander		
15	White/Anglo		
	Other		
Strategy will reach a minimum of:			
300	Number of participants		
16	Number of sessions/ presentations/meetings/activities		
50	Length in minutes		
Sites of Service:			
Is curriculum used?		1. Hoover High School	6.
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		2. MLK Middle School	7.
Title: Reducing the Risk		3.	8.
Strategy part of Statewide Evaluation?		4.	9.
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		5.	10.
Outcomes to be achieved by the Objective			
As measured by local pre and posttests (on participants completing at least 10 sessions).			
1). 20% increase in STD/HIV knowledge by at least 180 participants.			
2). 20% increase in number of participants who are able to use at least 6 out of 10 refusal/delaying skills.			
3). At least 90% of participants will be able to demonstrate the "self talk" method to avoid sex or unprotected sex.			

ANTICIPATED Incoming Funds by Source
Related to Youth and Pregnancy Prevention
FISCAL YEAR 2004/2005

[illegible]

PART FIVE:

REFERENCES

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